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Practitioner's Docket No. U 012642-4

In re application of: Paal HAUGSETH, et al.
Serial No.: 09/520,065 Group No.: 2739
Filed: March 7, 2000 Examiner:
For: A COMPUTER NETWORK CONTROLLER

Assistant Commissioner for Patents
Washington, D.C. 20231

REQUEST FOR CORRECTED FILING RECEIPT

1. Attached is a copy of the official filing receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.
2. There is an error with respect to the following data, which is:
[x] incorrectly entered

and/or

[] omitted.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

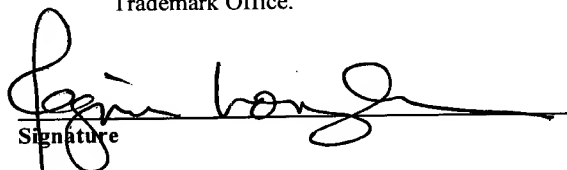
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Date: May 17, 2000

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- ☐ transmitted by facsimile to the Patent and Trademark Office.


Signature

Regina Ann Loughran
(type or print name of person certifying)

(Request for Corrected Filing Receipt—page 1 of 2) 5-8



Error in

1. ☐ Applicant's name
2. ☒ Applicant's address
3. ☐ Title
4. ☐ Filing Date
5. ☐ Serial Number
6. ☐ Foreign/PCT Application Re:
7. ☐ Other

Correct data

- 1.
2. First Applicant Delete "Thorleis" Insert --Thorleifs--
Second Applicant Delete "Steinsoppvn" Insert
--Steinsoppveien--
- 3.
- 4.
- 5.
- 6.
- 7.

3. *(complete the following applicable item)*

A. The correction(s) is/are not due to any error by applicant and no fee is due.

OR

B. At least one of the above corrections is due to applicant's error and the fee therefor, under 37 C.F.R. 1.19(h), of \$25.00 is paid as follows:

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Regina Ann Loughran

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c/o Ladas & Parry

26 West 61st Street

P.O. Address

New York, NY 10023

FILING RECEIPT



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/520,065	03/07/2000	2739	345	U 012642-4	5	7	2

Ladas & Parry
26 West 61ST Street
New York, NY 10023

Date Mailed: 05/11/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

Applicant(s)

Helge Simonsen, Thorleis, NORWAY;
Paal E Haugseth, Steinsoppvn, NORWAY;

Continuing Data as Claimed by Applicant

Foreign Applications

If Required, Foreign Filing License Granted 05/10/2000

** SMALL ENTITY **

Title

Computer network controller

Preliminary Class

370

Data entry by : GUNTER RILEY, JOYCE

Team : OIPE

Date: 05/11/2000





Bib Data Sheet


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 Address: COMMISSIONER OF PATENTS AND TRADEMARKS
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SERIAL NUMBER 09/520,065	FILING DATE 03/07/2000 RULE -	CLASS 370	GROUP ART UNIT 2739	ATTORNEY DOCKET NO. U 012642-4	
APPLICANTS Helge Simonsen, Thorleifs, NORWAY; Paal E Haugseth, Steinsoppveien, NORWAY; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 05/10/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY NORWAY	SHEETS DRAWING 5	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 2
ADDRESS Ladas & Parry 26 West 61ST Street New York ,NY 10023					
TITLE Computer network controller					
FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		